

PART B - FEE(S) TRANSMITTAL

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07/27/2004

Arstrong Westerman & Hattori LLP

502 Washington Avenue

Suite 220

Townson, MD 21204

08/24/2004 CNGUTEM1 00000018 09921365

01 FC:2501

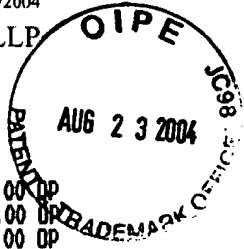
02 FC:1504

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665.00 OP

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
69/921,365	08/02/2001	Joseph A. Sniadach	21242-PA	6920

TITLE OF INVENTION: DOUBLE BARREL VENTILATION MASK FOR A PATIENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$1280 \$665	\$300	\$1620 \$965	10/27/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DAWSON, GLENN K	3731	128-202280			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. J. BRUCE HOOFNAGLE

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies FIVE (5)

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

J. Bruce HoofnagleAugust 23, 2004

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